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ABSTRACT

East African maternity care and child rearing practices are discussed from a cross-cultural perspective. A brief background section is followed by discussion of: (1) health and nutrition as preconditions for educational achievement; (2) care of mothers and children and child rearing in East Africa--by far the longest section; (3) the roles of mother and child care as a precondition for educational achievement; (4) parental education and educated siblings; (5) the role of the elderly in informal education; and (6) childhood in the 21st century. It is concluded that increased attention must be given to the programming of services that are in the interest of the child from conception through the preschool years, particularly with regard to maternal health conditions and educational status. That mothers are the initial teachers and creators of their children's cognitive maps is an important fact, and one that must be recognized by those who are programming for the educational development of all children. (RH)

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MATERNITY CARE AND CHILDREARING

PRECONDITIONS FOR EDUCATIONAL ACHIEVEMENT

Experiences in a cross-cultural perspective with
special focus on East Africa

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special focus on East Africa.

I. BACKGROUND.

Material for this paper is based upon experiences from cross-cultural work in collaboration with the Consultative Group, UNICEF, New York and SIDA, Sweden. It is comprised of a survey of existing traditional knowledge about child care and child-rearing in East Africa. The first period of life (from conception to three years) is especially emphasized. This paper presents some examples from a larger work, which includes annotated bibliographies and analytical discussions about traditional child care and traditional child-rearing in East Africa. It includes examples from Ethiopia, Kenya, Tanzania, Uganda, Zambia, Somalia and the Sudan. Some experiences from the congress "Childhood in the 21st Century", held in Hongkong in 1989 will be added to this presentation.

The aims of the study is to create a document base for further studies in these countries, and to develop a foundation for continued documentation on a national level.

Methodologically the study is a review and analysis of selected literature, found in libraries with a special focus upon African issues.

Results from the study will be used for further research in the countries concerned. Further, it will be presented within an international network through the Consultative Group and UNICEF. It also serves as a basic document for development agencies such as SIDA, World Bank, UNICEF and UNESCO. An expected result will be a stronger focus upon mother's and the early childhood's importance for a child's future development and educational achievement.

II. HEALTH AND NUTRITION - PRECONDITIONS FOR EDUCATIONAL ACHIEVEMENT.

In a preceding paper Negussie (1989) discusses the importance of making a combined effort for intra-sectorial and cross-disciplinary projects focusing upon the improvement of primary education performance with reference to nutrition and health. The paper deals with some crucial factors, starting from the fetal stage through infancy and early childhood, and up to the first years of primary education.

Many experiments with animals have proved that undernourishment during the last trimester of pregnancy and during the first months after birth have serious effects upon human brain development, and undernourishment also results in subnormal brain-weight. The effect is permanent, and cannot be corrected by improvement of nutrition later on. Cell-division of the brain is delayed, which means that children starting off with such undernourishment are intellectually handicapped right from the

beginning by having a lower number of brain cells than if they are properly nourished.

There are also investigations showing that the human brain is continually growing until about six months after birth. Undernourishment during this period will cause crucial damage for children. Further, infections and other diseases will add another load to the harsh conditions. Discontinued breast-feeding means a lower resistance to infections (Hansson, 1986), and bottle-feeding may in turn cause severe gastro-enteritis. Thus, children with all these initial health and nutritional problems, are vulnerable target groups for intellectual retardation because of undernourishment. They face difficulties at the beginning of their schooling and the damage is irreparable!

It is well known that many countries suffer from starvation and drought, but these problems are merely looked upon as health and nutritional hazards. It is, of course, a severe health problem, but added to this is the intellectual damage done to the survivors. Thus, it is also an educational problem. Since drought situations are common in several tropical regions, children there have first had insufficient nutrition, secondly a low health status and thirdly an irreparable damage in their intellectual development, hence in their school performance. Such differences have often wrongly been interpreted as racial differences! Lack of drinking water, heavy workload and long distances to any kind of social services, e.g. health services and schools, are other factors worsening an already strained situation.

These issues are discussed by many authors, including Scrimshaw (1967), Winick (1969), Eksmyr (1970), Chinapah and Fägerlind (1979), Selowsky (1980), Hansson (1986) and Negussie (1981, 1988, 1989).

Before going into a discussion about the role of society, the role of family, the role of elderly people, the role of parents in general and mothers in particular, the role of sibling and the role of a functioning mother and child health and nutritional care some examples from different East African countries will be presented.

III. MOTHER AND CHILD CARE AND CHILDREARING IN EAST AFRICA.

Some recent publications bring up mother and child care in East Africa. A few of them will be reviewed for this presentation, selected from the newest volumes dealing with mothers and children. A more detailed presentation is in preparation.

The classical works by LeVine et LeVine (1977) may not be excluded when discussing mother and child issues in East Africa. It is based upon their studies among the Gusi people in Kenya. A multitude of publications are available from their investigations and new ones are steadily appearing. The attitudes towards children are very positive among the Gusiis and it has also caused a dramatic increase in population over the past half century. Children are very desirable, a boy is needed "to bury me" and a girl "to help me". Women want to bear every two years, not sooner. Childlessness is considered a supernatural punishment. Further, childbearing is a matter of individious distinction among co-wives in a polygynous family, causing them to be sensitive to any inequalities in the distribution of living children. Hence, multi-parity is highly praised and a woman with

many sons and many daughter will feel safe in her old age, since she has sons taking care of her, and daughters helping her with work. Getting grandchildren will secure her still more.

A pregnant woman is not treated specially and is not subject to any restrictions. Women continue arduous physical labor until they no longer feel capable of it. All women perform normal domestic and agricultural tasks until about a week before giving birth. Some women even claim that they are stronger during pregnancy and can work harder (LeVine et LeVine, op.cit.).

Different delivery methods are described, and a variety of medical and moral measures to hasten delivery are performed. It used to be that confessions of adultery were common, since delay of labor was considered to be due to that. Traces of such beliefs were also found by Negussie (1988) among the oldest informants in Southern Shewa in Ethiopia. According to the LeVines (op.cit.), men are supposed to stay out of labor if everything is proceeding normally. In emergency cases, they would be called to bring herbal remedies or to assist directly during birth.

According to LeVine et LeVine (1977) a woman who gets weak during birth will get "porridge" and water, as much as possible, "to make blood". This is also common in Ethiopia, where "gamfu" (=porridge) is an compulsory restoring diet to be given to all newly-delivered women (Negussie, op.cit.). In cases of loss of blood and/or weakness she has to be given food made of the intestines of a goat (similar to Ethiopia, where a sheep will be slaughtered for the same purpose, Negussie, op.cit.). Among the Gusiis colostrum and ashes were put on the navel. Women clean the mouth of the child and wash it. A special juice from pumpkin is cooked and given to the child in order to cleanse its intestines. Similar cleansing methods are found in Southern Shewa. The infant is breastfed immediately and the colostrum is considered healthy and fattening for the infant (compare Negussie).

The LeVines (op.cit.) describe infancy as a period which is characterized by the greatest amount of attention to children's needs and very little to their training. Thus, nurturing is the main task of a mother the first years of a child's life. Infants are particularly susceptible to the "evil eye", not because they are young but because their skin is still light brown and therefore delicate (compare Ethiopia). Any small particle found on the skin is feared and the child's body is carefully cleansed and rubbed with butter which is thought to remove the harmful materials (also common in Ethiopia).

The infant's most intensive relationship is with its mother, who nurses him. The Gusi word for breast-feeding is the same word as that which means "to give birth", and this identity conveys the importance of breast-feeding to the Gusi infant (LeVine et LeVine, 1977:120). It is of utmost importance to attend to the infant's needs. There are no feeding schedules, the mother nurses whenever the infant cries and does not try to anticipate its hunger. At night the mother sleeps naked with the infant. It feeds whenever it wants without crying to wake the mother up. To help her, the mother will have a small child nurse (6-10 years old), who carries and amuses the infant. It is common that such a child nurse takes care of an infant for many hours, but there is always an adult nearby to attend to special needs. All these customs are similar to those found in Southern Shewa in Ethiopia (Negussie, op.cit.). It is interesting, though, that these investigations were totally independent from each other, though

the authors have been able to compare results after empirical studies were completed.

Infantile crying is usually treated by feeding, shaking, jostling and carrying the infant. Another way of quieting infants (older ones) is to frighten them by calling an animal (dog, cow, insect, chicken). They are said to bite the child and calling them is supposed to inspire terror in the child. Fear is considered good as it safeguards the child from actual harm incurred by animals, such as being stepped on by a cow, and also because it can be used by a parent to control a child's behavior, such as excessive crying (LeVine et LeVine, 1977:125). Such customs also occur in Southern Shewa (Negussie, op.cit.).

Females play a greater role in caretaking than males do. It is uncommon to see a father carrying his child around. Grandmothers, co-wives and siblings are functioning as child nurses. A Gusii mother does not act very affectionately towards her infant, although other caretakers do so. She does not usually kiss, cuddle, hug, or coo at her child. The affectionate care is done more by child nurses or grandmothers, who usually show warmth and nurturing, and often play with the grandchildren. It is not evident, though, whether the mothers show more affection when they are completely alone with the children. They are, however, very observant and display a multitude of strategies in handling the infant in cases of danger. In spite of the fact that mothers usually do not exhibit their affection to the infants, there is a very strong bond. Whenever danger may occur, the infant will leave everything and everybody and run directly to the mother for protection (LeVine et LeVine, 1977). These findings are consistent with observations in Southern Shewa (Negussie, 1988). There it seems that security is validated more by family and children than the display of open affection. Parenthood and motherhood is so serious that a child feels directly where to escape if it is in danger. In her home, though, a mother can often display more feelings, and likewise play with her infant.

Gusii infants are usually loosely wrapped in cotton cloth, but will often be kept fairly naked during day-time. Their body and blood are considered warm, and should be hardened by exposure to cold. Sphincter control is not especially emphasized, even if mothers are very concerned about keeping themselves and their children clean (LeVine et LeVine, 1977).

Standing usually occurs at the age of one year. Child nurses often guide the infants in standing, and then they are in focus at special occasions. It is common to bring out the infant in the cold dew of morning, which by "cooling the hot blood" it is supposed to make the infant's feet firm and reduce his fear of walking. The nurse sets the child on his feet in the grass and says "ta, ta", encouraging him to walk toward her (LeVine et LeVine, 1977). Exactly the same rituals were observed in Ethiopia. Attainment of these skills, though, is not a source of pride for the parents or of rewards for the child. It is more viewed with fear, as there are many dangers for the child such as getting into fire or hurting itself physically. There is a proverb "lameness is up", which means that the child now may be confronted with many dangers and may even be so damaged that it becomes lame. It is common that infants stumble into the fire and get burned.

Weaning usually occurs when the child is around two years old. If a mother becomes pregnant, however, weaning will be done within two months from the time when the mother discovers her pregnancy. The weaning process is painful for the child, which suddenly finds itself cut off from its good source of milk. The methods used are putting bitter substances (pepper, juice from sour fruit) on the nipples, slapping the child, burning its arms with a caustic plant juice, ignoring his cries in daytime, and wearing a dress that prevents access to the breasts at night, sending him to the grandmother and giving him large amounts of solid food to make him forget the breast. The only comfort which is offered during weaning is to give the child more solid food. Emotional comfort is usually not offered, mothers prefer to punish and avoid their infants than comfort them (LeVine et LeVine, op.cit.). Almost the same type of weaning exists in Southern Shewa in Ethiopia (Negussie, 1988).

Often a child does not easily accept the diminution in maternal attention which follows the birth of a younger sibling, and severe punishments results. Mothers feel particularly strongly about the older child crying when she is holding or carrying the infant because the crying is interpreted as severe jealousy. Such aggressive motivations are considered reprehensible and the child is punished for them. A Gusii mother gets very annoyed about a child "crying for nothing", that is a child, who cries when he does not want food or is in danger. The child will be beaten or threatened, and learns then to be quiet and to refrain from crying (LeVine et LeVine, 1977).

A final change in the child's life that takes place after the birth of a sibling is his induction into the performance of tasks. He will be required to carry food to his mother, and to do many little tasks (compare Whiting et Edwards, below). These tasks are consciously distributed in order to distract the child from his desire to continue as the exclusive object of her nurturing. Such responsibility training becomes stronger and stronger. Infantile dependency behavior is severely punished. New behavior patterns are learned with simple tasks and orientation toward other children, with whom the child is now forced to interact more than when he was primarily oriented toward mother. The LeVines conclude by speculating that there are strong feelings of jealousy and hatred which are engendered but prevented by parental punishment from being expressed in behavior. Such behavior is also found in Ethiopia (Negussie, 1988).

LeVine et White (1986) discuss life changes in agrarian societies. Previous, parents were able to turn to their children for support in old days, based upon filial loyalty as obligation and voluntary commitment. This feeling of security is classified as a personal benefit of great value to any adult in an agrarian society.

Further, the agrarian models of life span included a hierarchy of age-graded roles, and those of highest status were only awarded to elderly men and women. This respect was also shown to other senior members of society than the parents. Such respect is highly valued, even if it does not actually give power (LeVine et White, op.cit.)

Continuity places each male in a genealogical succession in which he can be proud. Where social organization is non-lineal, it gives women as well as men a sense of permanent membership in an entity larger than themselves, even when they travel, and a sense

of participation in a group, a history or a cosmos that transcend the human life span. These social identities are deeply satisfying since they enhance one's sense of self-worth through identification with public figures and divinities; they deny the finality of death and enable one to believe that wishes unfulfilled in this life have another chance, through future generations of an afterlife or reincarnation (LeVine et White, op.cit.).

"In spite of their poverty and short life expectancies the agrarian people enjoy the benefits of security, respect, and continuity provided by their societies, and therefore keep high expectations on their offspring. The child is a link in this society chain, and such cultural traditions can not be fully validated according to Western traditions, technologies and economy"... (LeVine et White, op.cit., quoted).

The revolution in parenthood which comes when an agrarian society changes to an industrially oriented society change the expectations placed on children so that parents now expect to receive nothing in return. There are other remarkable changes, such as the changes of attitudes about "training of children" in an agrarian society, which in the Western society might be interpreted as "child labor". Mass schooling begins, and a new model of parenthood arose, with the goal of optimizing opportunities for each of a few children through extended education and a degree of adult attention that was formerly reserved for heirs to the throne. "Quality" replaces "quantity" as the focus of child rearing efforts, first in the middle classes but spreading rapidly into other classes. The code of filial reciprocity which prevails in agrarian communities is no longer binding on adult children, at least to a comparable degree. Parents start to identify with their children in whom they have invested so much of themselves and their resources, and they are able to derive subjective satisfaction from the economic and reproductive careers of their children even in the absence of material support (LeVine and White, op.cit.).

A rise in public interest in childhood and child development occurs and it becomes more favorable to bear fewer children over a longer period than is the case in an agrarian society. These attitudes are not commonly prevalent in developing societies, such as East Africa. A change, though, is seen among those having higher formal education, greater access to modern social services, better health and nutrition.

At present, though, East Africa has to live with two points of view, one, agrarian, prevalent in rural areas and among the majority of the people, and the other urban and semi-urban with increased access to modern schooling and health facilities. The high costs of educating children limits their wish to have many children as is the case in a traditional agrarian society (LeVine et White, op.cit.).

Negussie (1988) presents material from Southern Shewa in Ethiopia, where she has interviewed elderly women about their peri-natal knowledge. Her study also includes observations of births in rural areas, a collection of herbarial material used during the peri-natal period and photo-collections. With her almost 30 years experience with Ethiopian culture she has been able to follow some families in a longitudinal perspective, especially as concerns child care and child rearing. Her studies include discussions about conception, pregnancy, labor, delivery,

puerperium and infancy. A follow up study of some large families is being conducted in 1990 (Negussie, forthcoming).

As concerns infant care there are some issues to be mentioned. For example, it is considered crucially important to keep the infant warm. A fire is kept in the house, hence the room is always warm. Further, the infant is kept close to the mother, who can then keep it properly warm. In daytime it is carried on her back, well covered with a shawl, which prevents flies, but which is thin enough to allow the infant to look around. During the night the infant is sleeping beside the mother and has the chance to be breastfed whenever it needs (Negussie, 1988).

The infant is bathed in warm water and is wrapped in a blanket or a piece of cloth directly after birth. Formerly, it was common to wrap the infant in the dried fibers of ensete ventricosum (the false banana plant). They are porous, clean and soft and will preserve warmth very well. Almost every elderly woman tells about this custom, which still exists in the rural areas in the places where one can find ensete-plants. These fibers are considered the first traditional blanket (Negussie, op.cit.).

In cases of prematurity, there are special customs for protecting the child. Small incubators can be prepared in the house. They are covered with cotton, soft cloth and other soft and warm material. The infants should not be exposed to cold air, but should always be kept warm and close to the mothers' body (Negussie, op.cit.).

The confinement period is important for all new mothers and children. It is a period of getting used to each other, but also a prevention for getting some infections. The mother is supposed to get used to breast-feeding, which is always performed "on-demand" (Negussie, op.cit.).

Breast-feeding is regularly established as soon as possible after delivery, and is then practiced on-demand. The infant is carried on the mother's back and easily shows its needs by scratching for the breast. Then the mother quickly swings the infant to her breast without exposing it to the cold air. The intensity of breast-feeding is clearly observed. The main goal for a mother is to feed her offspring properly, and it is almost considered a crime to prevent a child from his right to be breastfed (Negussie, op.cit.).

An additional observation is made in connection with the mothers' practice of always carrying the child with her for easy breast-feeding. Mothers register the different signals from their infants at a very early stage. It is observed that both the need for food and toilet needs are quickly registered. No offensive smell occurs around mothers even though they use no diapers. Women quickly swing their infants forward, keeping them there for passing their needs, and then bring them to their backs again (Negussie, op.cit.).

Two years is the most common length for breast-feeding. It is beneficial both for the child and the mother, as it is considered a child-spacing method. Another child should not be born within a shorter interval than two years, as the preceding child cannot be properly fed, and frequent pregnancies are not good for the mother. The breast-feeding period can be longer than two years, and it is not uncommon that children of 3-4 years will come to their mothers for a sip of milk. Weaning is usually abruptly

conducted by rubbing of a bitter plant juice on the nipples. The child experiences a sour taste and will not return to its former good source of milk. Since the child is between 2-4 years old, it has already started to eat solid food (Negussie,op.cit.). See also LeVine and LeVine (op.cit.).

Many of these beneficial traditional methods seem to be disrupted when living in semi-urban or urban areas, where work and living conditions prevent the performance of old birth customs. The result is an increase of peri-natal infections, shorter breast-feeding periods and more frequent pregnancies. Subsequently, mortality and morbidity rates are increasing in these areas (Negussie,op.cit.).

Whiting and Edwards (1988) shed new light on the nature-nurture question. In analyzing the behavior of young children, they focus on the relative contributions of universal physiological maturation and universal social imperatives. They discuss cross-cultural similarities, but they also point out the differences in experience between children who grow up in simple and in complex societies. They cite material from different cultures, such as Africa (mainly Kenya), India, the Phillippines, Okinawa, Mexico and the United States.

Their discussion about parents as teachers and models of social behavior focuses upon cultural and environmental influences. Cross-culturally it is observed that mothers train girls earlier than boys. They assign girls more tasks than boys, since they expect help from them in caring for younger siblings and performing household chores.

Thus, mothers have the power to shape gender differences by assigning sons and daughters to different types of chores. In these settings, boys and girls are exposed to different role models, practice different social behaviors, learn different skills, and acquire different cognitive maps of the world in which they live. This teaching role of mothers may have been underemphasized! (Whiting et Edwards,1988:86).

The protection and comfort of lap children differs in different parts of the world. In Africa, it is common to carry lap children to protect them from the dangers on the floor, such as fires, parasites and animals. The child is not left alone in a crib or cradle, but always has the chance of observing the world from its elevated position on the mother's back. The chance of getting eye-to-eye contact with other people instead of finding itself in the middle of a "forest of human legs" improves the interaction with people and the chance of observing the society from above (Negussie,1988). Many questions find their answers without a verbal discussion. Whiting and Edwards base many of their conclusions on the thorough studies of the Gusii people in Kenya made by LeVine and his co-researchers.

Whiting et Edwards (op.cit.) have three special profiles of maternal behavior, namely the training mother, often found in Africa, the controlling mother, for example in the Phillippines, India and Mexico and the sociable mother, represented by the US in their samples. The period before these periods is a nurturing period.

The training mother seeks to teach her children appropriate skills, social behavior, and hygiene, and she may restrain her children from activities and behaviors that are dangerous or

considered socially undesirable. It is a combination of child care and child etiquette training (Whiting et Edwards,op.cit.).

The controlling mother seeks to control her children when they are annoying by correcting, reprimanding, threatening, or punishing them. She may also command or dominate her children in order to fulfill her own needs, - not for a social purpose or to train her children (Whiting et Edwards,op.cit.).

The sociable mother may interact with her children in a positive and friendly way. She may exchange information, tease her children, talk or laugh with them, express sociability by coming close or touching them, or use other gestures expressing positive feelings. This type of mother is common in the US sample, which was characterized by maternal isolation, where mothers spent most of the day without interaction with any adult! Among these mothers very few chores are assigned to the children. Verbal interaction is common, but training and performance of different tasks are uncommon (Whiting et Edwards,op.cit.).

It seems, though, that the differences in maternal behavior are highly correlated with workload and family structure. In the African sample the mothers have the largest workload and they also score highest in training. Interaction with different members in the extended families allows for verbal interaction between adults and the child observes and learns by listening. Indian and Phillippine mothers with less of a workload and have more time for controlling their children. In the US sample the mother and the child spend all the day together without any other adult, hence they develop a friendly interaction instead of training or controlling behavior (Whiting et Edwards,op.cit.).

Olmstead et Weikart (1989) present profiles of child care and education in 14 countries. Of interest for this paper is their discussion about national early childhood care and education in Kenya, based upon Riak's, Rono's, Kiragu's and Nyukuri's research. It gives an overview of national child care policies and practices. In Kenya, child-rearing is traditionally characterized by great care and concern, with the mother playing a very important role in establishing a warm relationship between herself and the child. This close relationship with the child often extends to other members of the family, mainly to adult females and siblings. Children are viewed mainly as a resource to the family and community, as someone to help on the farm or with the livestock, and later to provide security for parents and younger siblings. Boys will carry on the family names, and girls will bring wealth to the family when they marry.

In recent decades, however, major changes in social structures and a great widening of perspectives, mean greater demands being made on each new generation. The loosening of ties with the extended family occurs simultaneously with technological changes and a sustained movement towards urban centers. Even the more recent phenomenon of the nuclear family is no longer the norm in Kenya. Now, thousands of single parents must bring up their children by themselves. The early childhood education and care that once occurred naturally and without much conscious planning, in small communities of extended families, is now fractured and poorly defined in many parts of urban and rural Kenya (Olmstead et Weikart,op.cit.).

Kenya's young parents today, especially the rural mothers and single parents, are carrying a heavy burden, since they must

combine child-rearing with economic activities - without the traditional support system. The overall result is that parents who cannot afford to pay for child care and whose children cannot accompany them to the workplace often leave their children in the care of other children who should themselves be in school, or they leave their children to fend for themselves. These are the children - urban and rural - who may be malnourished; may become victims of fire; abuse or other environmental hazards, and later in life, may become adult social misfits through no initial fault of their own (Olmstead et Weikart,op.cit.).

Kenya's contemporary concepts and values of child-rearing are a result of the nation's rapid socio-economic changes. These changes, which have developed within a context of diverse cultural and linguistic traditions and of uneven resource allocations, have affected not only basic perceptions about child-rearing practices, but also the material base of socialization and care (Olmstead et Weikart,op.cit.). Such problems are also evident in other societies, for example, mentioned by Negussie (1988) in her study from Ethiopia. The transition period between the traditional society on its way to the modern society is found to be the most vulnerable state for the people in general and for the children in particular.

Nugent, Lester et Brazelton (1989) discuss the cultural context of infancy with a special focus upon biology, culture and infant development. Their work focuses on biosocial influences on newborn behavior, on mother-infant interaction in the first year of life and on a cross-cultural comparison of infant behavior. Most of the studies are done with the help of Brazelton Scale and the foreword is done by Brazelton, who discusses culture and newborn behavior and the uses of NBAS in different cultural settings.

Winn, Tronick and Morelli (1989 in Nugent et al.) study the infant and the group in an African setting. Their study focuses on Efe caretaking practices (Zaire). Since it is close to East Africa and includes many different types of child-rearing than the groups in other studies it is included in our review. The Efe use a system of multiple caretaking of their infants and young children, rather than one in which the primary caretaker of the infant is the mother. Tronick and his co-writers use a good deal of the LeVine model in their analyses of child behavior and child development.

LeVine (1977,op.cit.) has three universal goals for parents and parenting practices. The first (1) is to insure the survival and health of the child, including the development of the child's normal reproductive capacity. The second (2) is the development of the child's capacity for econmic self-maintenance at maturity. The third (3) goal is the development of the child's behavioral capacities for maximizing cultural values. In order to fulfill these goals parents select a set of caretaking practices from those made available to them by the culture; there is no best caretaking practice.

Tronick and his co-writers follow LeVine's first goal in their study of birthweight among Efe infants. Birth-weight is a tangible characteristic, assessable by a caretaker without the use of any apparatus, and its importance on caretaking practices is well documented. Their observations reveal that birthweight and size is also a measure of relevance for the Efe people, who use it as a measure of the infant's vitality. Child care among

the Efe people is a responsibility shared by group members. Efe infants spend a large portion of the daylight hours in physical contact with individuals other than their mothers. They are passed frequently among camp members and are also exposed to a large number of individuals.

The Efe value their infants highly. Part of an infant's value to the Efe is undoubtedly related to its potential economic contribution to the family. Efe infants are also seen as future social companions. This is especially true for male infants, who will remain with their families. The infant's value is reflected in the infant's participation in Efe life. Infants are fully integrated in their life. They are included in the routines of everyday life and partake in all social functions. A newborn infant is fed often, is comforted quickly and is rarely engaged socially. "The work of an infant is to sleep. He sleeps until he gets strong and gains weight; and then he begins to open his eyes". This is a description made by an Efe mother. This biological period ends around the age of 4-5 months, when the infant is believed to be aware and comes into social awareness. At this age the Efe believe that the infant is capable of learning and is a social being capable of social interaction. Frustrations and demands, though, are kept to a minimum the first year of life. Very quickly, however, the infant is exposed to many frustrations and a 2-3 year child is expected to cope with many of them.

The Tronick team studied birthweight and caretaking and found it was common that mothers spent more time together with underweight infants, than with overweight ones. Mothers played a greater role in their care than they usually did in a society with multiple caretaking. Further, fussy children spent more time together with the mothers, especially at a young age. Thus, the role of the mother as a caretaker is stronger as concerns lower-birthweight infants and fussy infants. More material about multiple caretaking among the Efe is presented by Tronick et al. (1987). The Efes foster their children towards into an individual, who is socially skilled in avoiding disruptive conflict, being minimally aggressive within the group, cooperative, and in general committed to the group's overall successful functioning. This includes a strong group identification and attachment.

Multiple caretaking by the Efe may function to teach infants about culturally appropriate styles of interactions as well as to expose infants to the culture's valuation of cooperation, mutual support, and gregariousness. "Efe caretaking practices have implications for personality development. Efe infants are likely to be less sharply attached to any single caregiver and more diffusely attached to many caregivers because of the pattern of care they receive. The effect of such multiple caretaking on the Efe's infants' social experience and personality development contrasts strongly with that of infants who are reared by a single caregiver and receive limited exposure to other interactants. Mono-cared-for infants are expected to be less "precocious" socially because their interactions are limited to one other person. This minimizes variations in interactive styles and reduces the number of adjustments that are made to social miscoordinations. The infant and the caretaker will rapidly develop a shared history that strongly shapes their current social exchanges. Such a pattern will (also mentioned by Levine, 1980) result in a demanding and attention-seeking child, hardly a pattern in line with Efe goals".

LeVine, Miller et West (1988) present material about parental behavior in diverse societies. Of interest for this paper is the discussion about parental strategies among the Gusii of Kenya. The findings in this presentation are consistent with those already discussed concerning the Gusii people.

IV. THE ROLE OF MOTHER AND CHILD CARE

It is evident that the interventions for a better primary school performance already starts when the mother expects her child. Improvement in maternal health and nutrition is one basic precept in planning for improvement. This concerns both health planners and nutritional planners but also educational planners. Most planning periods are covering ten years at a time, hence children born today should already be considered in such planning. There is a need for extended pre-natal care for the mother and her child.

Secondly, peri-natal and post-natal care are of utmost importance for the neonate. The importance of breast-feeding in decreasing infant morbidity and infant mortality is evident (Hansson, 1986). The role of breast-feeding in protecting the infant from infection is well-known, and recent studies verify that human milk is rich in antibodies (Hansson et al., 1988). Promotion of breast-feeding will affect infant and child health positively. Further, it can also be seen as an important tool for improved learning capacities later in life. Improved infant/child care, is another precondition for educational achievement.

Thirdly, there is a close relationship between infant/child mortality and high birth rates. If conditions for mothers and children are improved, the birth rate will be lower in the long run, and more resources for education will be available per child. Much is already being done with expansion of vaccination programs, like measles, smallpox, and poliomyelitis. The importance of handling deficiencies and parasites is likewise crucial for child health. I see health care for children during the entire pre-school period as a precondition for educational development.

V. THE ROLE OF PARENTAL EDUCATION AND EDUCATED SIBLINGS.

Parental education has long since been emphasized. It is evident that in families where parents are educated, there is a better nutritional and health situation for school-children. Here it is of special importance to emphasize the role of the mother's education (Haraldsen, 1983). However, women's participation in educational activities (in developing countries) is low. Women in developing countries often do not have access to any kind of education, or to any kind of improved technology for their work. Their workload affects their strength and health and prevents them from participation in school-programs. Literacy campaigns and adult education programs are often held in places far from the homestead, and at a time which is not convenient for women. In the third world, women and girls are also responsible for food production, water and fuel collection and grinding grain. A low food intake makes them vulnerable to many kinds of infection and disease.

During fieldwork in Ethiopia it was observed that health and nutritional status for smaller children was improved after their older siblings were educated. The younger siblings were well nourished and given proper health care by the older ones. It was especially related to their sisters' education, which is another reason for giving more attention to girls' education. This is especially evident in rural areas, where adolescent girls are still living with their parents and gradually teach their parents the importance of early nutrition. The younger siblings will have a better chance of school performance later in life. Thus, there is an invisible resource, which is useful in planning for a better school performance.

VI. THE ROLE OF ELDERLY IN INFORMAL EDUCATION.

Elderly people play an important role. They are bearers and transmitters of cultural and traditional values and customs. Their knowledge has often been looked upon as curious, but more and more it is clear that they have well grounded knowledge suitable for each situation. Such informal knowledge is often invisible and unknown. Many elderly people speak several languages, changing easily from one to another, and their memorization skill is well developed. Throughout the literature about East Africa it is evident that the elderly play an important role in transmitting cultural morals and values, tribal etiquette and linguistic knowledge among young children. Their role in the interactive development of the child is likewise important.

VII. CHILDHOOD IN THE 21ST CENTURY.

Experience from the International Conference on Early Education in Hongkong in 1989 reveals a variety of child care practices and early child education for children in different parts of the world. Great differences were seen, such as the informal educative system in traditional societies in China, South-East Asia and India. Many of them were similar to findings from Ethiopia and East Africa. On the other hand, there were many discussions about teaching in high technologies, starting already in pre-school, as well as informally in families. Computer teaching was seriously discussed by societies like Japan and Hongkong. These two examples may highlight the increasing gap in cognitive skills, which may arise within a few decades. While some societies can teach their children up-to-date technology, there will be others, which have to struggle for the satisfaction of the most basic pre-conditions for learning, such as food, water, schools, clothes and sheltering.

VIII. CONCLUSIVE REMARKS.

It is evident that there is a need for attention to two different stages of early childhood: 1. Earliest childhood from conception through pregnancy and birth up to three years and 2. Pre-school age, which will cover the age between four and six years. Maternal health conditions and educational status will be of the utmost importance for these two stages. This is in line with the principles adopted by the World Conference "Education for All" held in Thailand in 1990. The basic learning needs include health, nutrition, child care and family life, which in our discussion have been seen as crucial preconditions for

educational achievement. Since mothers are the initial teachers and creators of the cognitive maps of their children there is an immediate need for recognition of their important educative role.

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puerperium and infancy. A follow up study of some large families is being conducted in 1990 (Negussie, forthcoming).

As concerns infant care there are some issues to be mentioned. For example, it is considered crucially important to keep the infant warm. A fire is kept in the house, hence the room is always warm. Further, the infant is kept close to the mother, who can then keep it properly warm. In daytime it is carried on her back, well covered with a shawl, which prevents flies, but which is thin enough to allow the infant to look around. During the night the infant is sleeping beside the mother and has the chance to be breastfed whenever it needs (Negussie, 1988).

The infant is bathed in warm water and is wrapped in a blanket or a piece of cloth directly after birth. Formerly, it was common to wrap the infant in the dried fibers of ensete ventricosum (the false banana plant). They are porous, clean and soft and will preserve warmth very well. Almost every elderly woman tells about this custom, which still exists in the rural areas in the places where one can find ensete-plants. These fibers are considered the first traditional blanket (Negussie, op.cit.).

In cases of prematurity, there are special customs for protecting the child. Small incubators can be prepared in the house. They are covered with cotton, soft cloth and other soft and warm material. The infants should not be exposed to cold air, but should always be kept warm and close to the mother's body (Negussie, op.cit.).

The confinement period is important for all new mothers and children. It is a period of getting used to each other, but also a prevention for getting some infections. The mother is supposed to get used to breast-feeding, which is always performed "on-demand" (Negussie, op.cit.).

Breastfeeding is regularly established as soon as possible after delivery, and is then practiced on-demand. The infant is carried on the mother's back and easily shows its needs by searching for the breast. Then the mother quickly swings the infant to her breast without exposing it to the cold air. The intensity of breast-feeding is clearly observed. The main goal for a mother is to feed her offspring properly, and it is almost considered a crime to prevent a child from his right to be breastfed (Negussie, op.cit.).

An additional observation is made in connection with the mothers' practice of always carrying the child with her for easy breast-feeding. Mothers register the different signals from their infants at a very early stage. It is observed that both the need for food and toilet needs are quickly registered. No offensive smell occurs around mothers even though they use no diapers. Women quickly swing their infants forward, keeping them there for passing their needs, and then bring them to their backs again (Negussie, op.cit.).

Two years is the most common length for breast-feeding. It is beneficial both for the child and the mother, as it is considered a child-spacing method. Another child should not be born within a shorter interval than two years, as the preceding child cannot be properly fed, and frequent pregnancies are not good for the mother. The breast-feeding period can be longer than two years, and it is not uncommon that children of 3-4 years will come to their mothers for a sip of milk. Weaning is usually abruptly